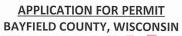
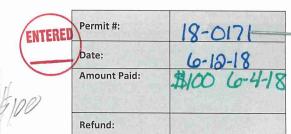
SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FSE TO:

**Bayfield County** Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) 373-6138







Address to send permit 1324 S. Shore Rd

Checks are made pay DO NOT START CON:	yable to: B	Bayfield C	ounty Zoning	Department.		eld Co. Zoning [	Dept.	FILL	3117 IN II	III (NO PER	ICII)	
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Address of Property	<b>/</b> :				City/Si	tate/Zip:					Cell Phon	e: 195-0102
Same	e									3	115-1	95-0102
Contractor:	^				Contra	actor Phone:	Plumber:				Plumber I	Phone:
Selt												
Authorized Agent:	(Person Sig	ning Appli	cation on behal	lf of Owner(s))	Agent	Phone:	Agent Mailing Ad	Idress (include City/St	ate/Zip):	1		uthorization
	~						-				Attached  Ves	Kiyo
PROJECT		_			Tax ID	# 420	, 1		Recorde	d Document:		erty Ownership)
LOCATION	Legal	Descrip	tion: (Use I	ax Statement)		720	4		20001	R-5083	32	750-162
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WI

54838

**Attach** 

**Copy of Tax Statement** 

Gordon

Description	Measurement		Description	Measur	rement
Setback from the Centerline of Platted Road	450 Fee	t	Setback from the <b>Lake</b> (ordinary high-water mark)	NA	Feet
Setback from the Established Right-of-Way	450 Fee	t	Setback from the River, Stream, Creek	0-5	B Feet
The contract of the contract o			Setback from the Bank or Bluff	NA	Feet
Setback from the <b>North</b> Lot Line	NA (NVer Fee	t			
Setback from the <b>South</b> Lot Line	550 Fee	t	Setback from Wetland	NA	Feet
Setback from the <b>West</b> Lot Line	40 Fee	t	20% Slope Area on the property	☐ Yes	XNo
Setback from the <b>East</b> Lot Line	140 Fee	t	Elevation of <b>Floodplain</b>	e	Feet
Setback to Septic Tank or Holding Tank	60 Fee	t	Setback to <b>Well</b>	150	Feet
Setback to <b>Drain Field</b>	50 Fee	et			
Setback to Privy (Portable, Composting)	NA Fe	et	The state of the s		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		ALL THE PARK SINES	
Permit #: 18-0171	Permit Date: 6-16	7-18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes (Deed of Record   Yes)   Yes (Fused/Contigue)   Yes   Ye	ous Lot(s)) 💆 No	Mitigation Required Mitigation Attached		Affidavit Required Affidavit Attached    Ves  No  Ves  No
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:		Previously Granted by  ☐ Yes ☐ No	/ Variance (B.O.A.)	#:
Was Proposed Building Site Delineated Yes No		Were Property Line	es Represented by Owner Was Property Surveyed	Yes No
Inspection Record: Gecure Taul I'd/DNI le	rn!T VH20			Zoning District ( A-( )
	h //	10		Lakes Classification ( — )
Date of Inspection: 6/6/16	Inspected by:	de		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attack	ched?   Yes   No-(if	No they need to be atta Mini M·ZC 6	erogran, any	activity in the water tact DNR for permitting
Signature of Inspector:				Date of Approval: 6/6/18
Hold For Sanitary: 🗆 Hold For TBA: 🗆	Hold For Affi	davit: 🗆	Hold For Fees:	

#### City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

### BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-	0171			Issued	d To: <b>Sc</b>	To: Scott & Pamela Toshner								
Location:	-	1/4	of	-	1/4	Section	19	Township	44	N.	Range	9	W.	Town of	Barnes
Gov't Lot			l	_ot	30	Blo	ck	Sul	bdivisio	on Cl	earwate	r	<i>y</i>	CSM#	

For: Residential Other: [Stairs to the Lake (58' x 3') = 174 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Build as proposed, minimize erosion, any activity in the water contact DNR for permitting.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler** 

Authorized Issuing Official

June 12, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58

Washburn, WI 54891 (715) 373-6138 Unt Entenati Of



Bayfield Co. Zoning Dept.

Permit #: 18-0193

Date: 6-13-18

Amount Paid: \$75 6-7-18

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

OO NOT START CONSTRUCT	TION UNTIL ALI	PERMITS HA	VE BEEN ISS	UED TO APPI	LICANT.											
TYPE OF PERMIT REQ	UESTED-	LANI	D USE	SANITA			□ со	NDITIONA		□ SPEC	IAL USE		B.O.A		OTHE	R
Owner's Name:	,				iling Add		1		/State/Zip		\		- 1	Telepho	ne:	
	015					GEOR	95 2	KKD	BAR	NES, L	: . اگر	5481	73			
Address of Property: 53985 GE	5 A C F 1	~ DA			y/State/		1	_	-//	2				Cell Pho 2G と	one: しつて	,-7516
Contractor:	orge z	10,10			ntractor	NES (	Plum		487	)			-	Plumbe	r Phon	
SELF	ķ.			- 1		6-8521								Tunibe	1 1 11011	ic.
Authorized Agent: (Person	on Signing Appli	cation on behal	lf of Owner(s)	)) Age	ent Phon	e:	Agen	t Mailing Ac	ddress (inc	lude City/S	tate/Zip)	:		Written		orization
														☐ Yes		
PROJECT LOCATION	Legal Descrip	tion: (Use T	ax Stateme		ID# (4-5	digits) - 29	10				Recorde: Documer	d Deed	(i.e. # a <b>)/</b> //	ssigned b	oy Regis	ster of Dee
N 163' of		Gov't	Lot	Lot(s)	CSM			Lot(s) No	o. Bloc	k(s) No.	Subdivi				11-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1/4,	1/4	1				Vol & Pag 645 15 1310										
Section 30	Townshir	45	N Range	09 W		Town of:		*		(A)	Lot Size			Acre		,
300001 <u></u>						l	BAI	RNES			7	1/2 A	Ĉ	7	7/2	•
	Is Property							istance Stru		from Shor	eline :	Is	s Prope	erty in	Ar	e Wetlan
☐ Shoreland →	Creek or Lan				,	ontinue —	-	150		u 1575	feet		odplai	n Zone?		Present?
	☐ Is Property	/Land withi	n 1000 fee			Flowage ontinue —		istance Stru	acture is	from Shor	eline : feet		□ Y			□ Yes X No
☐ Non-Shoreland																
Malus at Time	Trans. Str										Language and the					
Value at Time of Completion			# -6	Chaulas				#			What 1	ype o	f			
* include	Proje	ct		Stories basement		Use		of			er/Sani					Wate
donated time & material							b	edrooms		Is	on the p	oroper	ty?			140
-	New Const		☐ 1-St		_	Seasonal	_	1		ınicipal/C						☐ City
S - 220	Addition/A			ory + Loft		Year Round		2		ew) Sanit				= - 1		X Wel
	Conversion Relocate (e		☐ Base	ory ement	+			3		nitary (Ex vy (Pit)						
	Run a Busi		□ No B	Basement			K	None		rtable (w/					,	
	Property		☐ Four	ndation O G			+		total 2010	mpost To	ilet					
			K	04				V-	□ No		-					
Existing Structure: ( Proposed Constructi		ng applied fo	or is relevar	nt to it)	Len		18'		Width		4.			ght:	12' 20'	
rioposea constructi	ion.				Len	gth:	32		Width	1	7		Hei	ght:	20	
Proposed Use	1				Prop	osed Struc	ture				2 45	Dime	nsion	s		quare ootage
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		Residence		in, huntin	g shack	, etc.)					(	2 2	К	)		
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A mesidential est	`		100000000000000000000000000000000000000	2 <sup>nd</sup> ) Porch						10-11-11-1	1		K K	- )	-	
			with a	Deck							(		K	)		
				2 <sup>nd</sup> ) Deck							(		X	)		
Commercial Us		p. 11		ttached G		1			2.72		(		X.	)_		
						ping quarte					-		X X	)		
				n (specify				-			. (		<u>Λ</u> Κ	)		
☐ Municipal Use	×					ARAG	Œ				(	24		2)	7	68
						tion (speci					(		X	)		00
		Special U	lse: (explai	in)							(		K	)		
		Othory	nal Use: (e	explain)	_						(		K	)		
						CONSTRUCTION					101	,	K	)		_
I (we) declare that this app am (are) responsible for the	plication (includin	g any accompan	ying information	on) has been ex	camined by	onstruction me (us) and to	the best	of my (our) kno	owledge and	belief it is tru	e, correct a	and comp	lete. I (v	ve) acknow	vledge ti	hat I (we)
may be a result of Bayfiel above described property	ld County relying	on this informat	tion I (we) am	(are) providing	g in or with	this application	n. I (we)	consent to cou	inty in deterr	charged with	administer	ing count	ty ordina	inces to h	ave acce	ess to the
Owner(s):	1/2	1	, se or mape	1.	111	. A	2					D-:	5	29	1-7	018
Owner(s): (If there are Multip	de Owners liste	ed on the Dee	ed <u>All</u> Owne	ers must sign	or letter	r(s) of author	ization	must accom	pany this	application	)	Date _	7		50	18
Authorized Agent:												Date				
3.18	(If you are	signing on be	half of the o	owner(s) a le	etter of a	uthorization	must a	ccompany th	nis applica	tion)		Date_				
Address to send pe	ermit				1.7				-5-	4.		Co	-	<u>ttach</u> ax Statei	nent	
	1 11									recently pu	rchased t					ed Deed

w: Draw or Sketch your Property (regardless of what you are applying for)

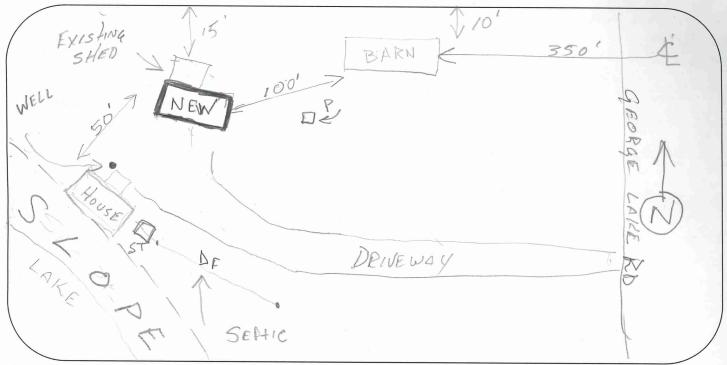
(1) Show Location of: **Proposed Construction** Show / Indicate: (2) North (N) on Plot Plan

(3) Show Location of (\*): (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road) (4)Show: All Existing Structures on your Property

Show: (5) (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P) (6)Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7)

Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement			Description	Measurer	ment
Setback from the Centerline of Platted Road	500	F				
	500	Feet		Setback from the Lake (ordinary high-water mark)	150	Feet
Setback from the Established Right-of-Way		Feet		Setback from the River, Stream, Creek		Feet
The second secon				Setback from the Bank or Bluff		Feet
Setback from the <b>North</b> Lot Line	20	Feet		,		
Setback from the <b>South</b> Lot Line	100	Feet		Setback from Wetland		Feet
Setback from the West Lot Line	150	Feet		20% Slope Area on property	™ Yes	□No
Setback from the <b>East</b> Lot Line	NA	Feet	F	Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	=1	F		Carlood a Maria		
	30	Feet		Setback to Well	50	Feet
Setback to <b>Drain Field</b>	50	Feet				
Setback to Privy (Portable, Composting)		Feet				

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	T 2 451	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	A STATE OF		
Permit #: 18-0193	Permit Date: 6-1	3-18		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes   Cheed of Reco	uous Lot(s)) 🗂 No	Mitigation Required Mitigation Attached	☐ Yes ☑ No ☐ Yes ☑ No	Affidavit Required
Granted by Variance (B.O.A.)  ☐ Yes → No Case #:		Previously Granted b	y Variance (B.O.A.)	e #:
Was Parcel Legally Created Was Proposed Building Site Delineated  ✓ Yes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	
Inspection Record:		0		Zoning District (R-2) Lakes Classification (2)
Date of Inspection: 6/12/16	Inspected by:			Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta	ached?    Yes    No - (If	No they need to be atta	ached.)	
Signature of Inspector:	for human han necessary pressurized	No accessory building abitation / sleeping pure county and UDC water shall enter the nnection to POWTS. packs.	urposes without permits. No building unless	Date of Approval 12/18
Hold For Sanitary: 🗆 Hold For TBA: 🗆 _	Hold For Affi	davit: 🔲	Hold For Fees:	

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Issued To: Keith & Coleen Lois 18-0193 No. Town of **Barnes** Range 9 W. 45 30 Township Section Location: -1/4 of -N 163.6' of CSM# Subdivision Block Gov't Lot Lot

For: Residential Accessory Structure: [ 1- Story; Garage (24' x 32') = 768 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): No accessory building shall be used for human habitation / sleeping purposes without necessary County and UDC permits. No pressurized water shall enter the building unless approved connection to POWTS. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler** 

**Authorized Issuing Official** 

June 13, 2018

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** Planning and Zoning Depart. Washburn, WI 54891 (715) 373-6138

#### **APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN**



Permit #: Date: **Amount Paid:** Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made pay				Department.		PLICANT.				FILL OU	IT IN IN	K (NO PE	NCIL)		
TYPE OF PERMIT F	REQUES	TED-	□ LANI	D USE   SAI	NITAR	Y D PRIVY D	CONDI	TIONA	AL USE	□ SPECIAL		☐ B.O.		ОТНЕ	R
Owner's Name:			KOT.	manov	Maili	ing Address:		City	/State/Z	ip:	54	481	Telepho	Contraction and	-11
Mantin Address of Property	47	6A1	une		/ 0	00 GREL	EN A	ve	STO	evens :	Poiv	UT	Cell Pho	one:	715
50485	SUN	Sei	- Reso	rT Rd	1	Barnes							292	27-	775
Contractor:	_				Cont	ractor Phone:	Plumber:						Plumbe		- 1-
Adam Authorized Agent:	Ca.	mp	bell	f of Owner(s)		774-3471 It Phone:	Agont Ma	lina Ad	Idrace (in	nclude City/State	o /7: n\.		14/-:44		
Authorized Agent.	reison sig	gillig Appl	Cation on benar	Tor Owner (s))			Agent Ma	illing Au	iuress (ii	iciude City/Stati			Attache	ed □ No	
PROJECT LOCATION	Lega	l Descrip		ax Statement)	<u>Tax I</u>	4226						rded Docu 95R			Ownership 7543
1/4,		1/4	Gov't Lot	Lot(s)	CSM	Vol & Page CS	M Doc#	Lot(	s) No.	Block(s) No.		ivision: USeT	- Con	odo	UN17
Section 8	, Tow	nship _	44 N,R	ange <u> </u>	V	Town of:	rne	2.5			Lot S		Acre		
				n 300 feet of Rivers		eam (incl. Intermittent)			icture is	from Shorelin	ne : feet		erty in in Zone?	100.00	e Wetland
Shoreland				1000 feet of La	ke, Po		Distan	ce Stru	ıcture i	from Shorelin			Yes		Present?  ☐ Yes  No
☐ Non-Shoreland							-				icci				<u> </u>
Value at Time of Completion				100			# 0			w	hat Ty	oe of			Туре о
* include		Proje	ct	# of Storie	es	Foundation	bedro					ry Syster	n		Water
donated time & material						til in the	struc			Is on	the pr	operty?			propert
	□ Ne	w Cons	truction	1-Story		☐ Basement	□ 1		□М	unicipal/City	,				☐ City
Ś	Add	dition/	Alteration	☐ 1-Story +	Loft	☐ Foundation	<b>X</b> 2		□ (N	lew) Sanitary	Speci	fy Type: _			Well
21,000		nversio		☐ 2-Story		X SLab	□ 3		-	nitary (Exists					
			ness on			Use	□ No	ne		rivy (Pit) or ortable (w/ser			1 200 gal	lon)	
		perty	.1033 011			☐ Year Round		,,,,,		ompost Toile		itractj			
200						X SERNSOL			□ N	one					
Existing Structure	e: (if pe	rmit bei	ng applied fo	r is relevant to it	)	Length: 29			Widt	h: 24'		He	ight:	14	ı
Proposed Constru					W	Length: / 0	1		Widt		0		ight:	14	
Proposed Us	e	1	- 74.8			Proposed Structi	ure	Į.			D	imensio	ns		quare
						ture on property					(	х	)		ootage
			Residence	e (i.e. cabin, hu	nting	shack, etc.)					(	X	)		
X Residential	Use			with Loft with a Porch							1	X	)		
				with (2 <sup>nd</sup> ) Po							(	X	)		
				with a Deck							(	Х	)		
Commercial	Hes			with (2 <sup>nd</sup> ) D			t				(	X	)		b)
Commercial	ose		Dundal-	with Attach							(	X	)		
*				se w/ (□ sanitar ome (manufactu		sleeping quarters	, <u>or</u> □ coo	oking 8	tood p	rep facilities)	(	X	)		
		×				SCREEN	Fd 1	PAR	Ch		( /	o'x 2	411	2	40
☐ Municipal U	se					SCICELIO					(	X	)		10
			Accessory	/ Building Addi	tion/	Alteration (specify	/)				(	Х	)		
						r									
		~ 🗆	Special Us	se: (explain)							(	Х	)		
			Condition	al Use: (explain	)	-					(	Х	)		
	i		Other: (ex	plain)						<del></del>	(	Х	)		
(are) responsible for the	detail and relying or	accuracy o n this infor	ny accompanying f all information I mation I (we) am	g information) has bee (we) am (are) providi	n examir ng and th	TING CONSTRUCTION ned by me (us) and to the I nat it will be relied upon by application. I (we) consent	est of my (ou Bayfield Cou	ır) knowl ı <b>nty</b> in de	edge and betermining	pelief it is true, corre whether to issue a	ect and co	we) further a	ccept liabili	ity which	may be a
A .	1	-	, ,	All Owners must s	ign or I	Hanne etter(s) of authorizat	Kut ion must a	2 ccompa	any this a	ekapplication)	Dat	e <u>6</u> -	8-1	18	_
Authorized Agent:			*			,		,			Dat	e			
Address to send p						of authorization mu	st accompa	iny this	applicat	ion)		At Copy of	tach	teme	nt
	_									and the second second			- Lit Ged		

Show / Indicate:

**Proposed Construction** 

North (N) on Plot Plan

Show Location of (\*): Show:

(\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road)

(4) Show: (5)

(7)

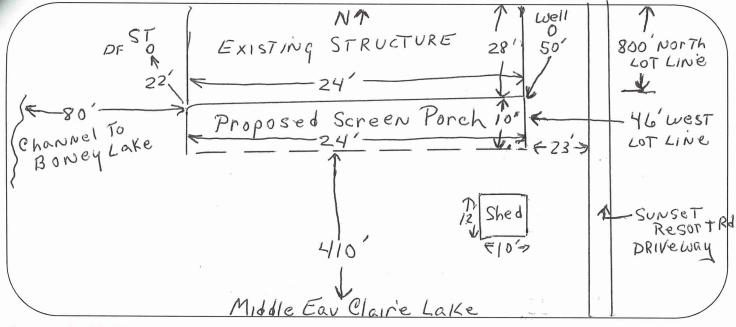
All Existing Structures on your Property

Show any (\*): (6) Show any (\*):

(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)

(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the <b>Centerline of Platted Road</b>	F	Cathard County In 1917 (1917)	11:0 -
	Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	410 Feet
Setback from the <b>Established Right-of-Way</b>	Feet	Setback from the River, Stream, Creek	<b>₽o</b> Feet
		Setback from the Bank or Bluff	— Feet
Setback from the <b>North</b> Lot Line	ያ 3 o Feet		
Setback from the <b>South</b> Lot Line	410 Feet	Setback from <b>Wetland</b>	- Feet
Setback from the <b>West</b> Lot Line	දිව Feet	20% Slope Area on the property	☐ Yes ☐ No
Setback from the <b>East</b> Lot Line	H/o Feet	Elevation of Floodplain	Feet
	10		
Setback to <b>Septic Tank</b> or <b>Holding Tank</b>	Feet	Setback to Well	50 Feet
Setback to <b>Drain Field</b>	Feet		
Setback to <b>Privy</b> (Portable, Composting)	Feet		ì

other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minim Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:		# of bedrooms:	Sanitary Date:						
Permit Denied (Date):	Reason for Denial:	for Denial:								
Permit #: 18-0173	Permit Date: 6-18	-18								
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming □ Yes (Deed of Record □ Yes (Fused/Contigue	d) □ No □ No □ No	Mitigation Required Mitigation Attached	☐ Yes ☐ No ☐ Yes ☐ No		Yes No					
Granted by Variance (B.O.A.)  ☐ Yes ☐ No Case #:		Previously Granted by  See No	Variance (B.O.A.)	#:						
Was Parcel Legally Created ☐ Yes ☐ No ☐ Was Proposed Building Site Delineated ☐ Yes ☐ No		Were Property Line	s Represented by Owner Was Property Surveyed	☐ Yes						
Inspection Record: 500 Sylf per (3) on old	structure T	eardoup		Zoning District Lakes Classification	( )					
Date of Inspection: 5/29/18	Inspected by:	1/		Date of Re-Inspection	on:					
Condition(s): Town, Committee or Board Conditions Attack  Signature of Inspector:	Condition: A UD contracted UDC in	C permit from the nspection agency restart of construction	e locally must be	Date of Approva	II. C. laste					
Hold For Sanitary: Hold For TBA:			Hold For Fees:		0/8/18					

City, Village, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

# BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	18-	-0173	3			ļ	ssued	d To: <b>M</b>	artin	& Joanne K	atzma	rek			3		
Location:	_	1/4	0	f	_		1/4	Section	8	Township	44	N.	Range	9	W.	Town of	Barnes
				1	ot			Ble	ock	Su	bdivisio	on <b>S</b> ı	unset Co	ond	o Uni	<b>t 4</b> CSM#	
Gov't Lot				L	ot			Blo	ock	Su	bdivisio	on Si	unset Co	onu	o om	t 4 CSIVI#	

For: Residential Addition / Alteration: [ 1- Story; Screen Porch (10' x 24') = 240 sq. ft. ]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction. Must meet and maintain setbacks.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

**Tracy Pooler** 

Authorized Issuing Official

June 12, 2018

Date